



ALUMNI MEMORIAL SCHOLARSHIP AWARD APPLICATION

(Open to all Graduating High School Seniors within the State of Wisconsin, graduating Spring 2016, minimum 2.5 GPA needed to apply.)

This is a one-time \$2,000 scholarship.

Please type, or print in black ink, your answers to all questions. The fully completed form, your letter applying for this scholarship, letters of recommendation and transcript should all be mailed to the UWM Alumni Association, P.O. Box 413, Milwaukee, WI 53201. Copies of this form are acceptable. The application deadline is December 2, 2015 (postmarked).

1. Name: _____

2. Address: _____

City, State, Zip: _____

3. Telephone: _____ 4. Date of Birth: _____

5. Name of Wisconsin high school from which you will graduate: _____

6. Attach a brief statement (no more than 500 words) identifying your goals for the future, why you wish to continue your education at UWM, and any other thoughts you may have concerning your higher education objectives.

7. Attach two letters of recommendation. These letters should include, but not be solely to: review your volunteerism and/or community service; qualities that suggest leadership, work ethic and sound character are very helpful items. The letters may be written by your high school principal, teacher, counselor or a community service/volunteer leader endorsing your application and commenting on your academic promise.

8. List your work experience (if any) while attending high school:

Job Description	Employer	Dates of Employment	Hours/Week
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9. Provide an example of how you have been a role model for others, or list your participation in activities demonstrating leadership, good character or work ethic.

10. Provide an example of academic achievement.

11. How would this scholarship open opportunities for study in the face of adversity (obstacles or hardships)?

12. Are you related to a UWM alumnus/alumna? ____ Please provide name(s) and relationship.

Note: Answer is optional. Answering “no” does not disqualify the applicant from the Honors Committee’s consideration.

13. Attach a copy of your transcript.

Your Signature _____

Date _____

E-mail _____

Send directly to the UWM Alumni Association at PO Box 413, Milwaukee, WI 53201.